

Request for Disability Accommodation

If you have a disability requiring appropriate accommodations in taking the state examination, be sure to complete this form along with the application. **In addition, please attach a statement on letterhead stationery from a professional who is familiar with your disability.** This statement must describe the disability for which you require accommodation.

1. Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? If the answer is yes, please specify.

Disability

2. Have you had any prior accommodations for your disability in an examination setting? If you answer ☐yes☐, specify the type of accommodation. Have a professional familiar with your disability complete this information, if needed.

Disability

Type of Test Accommodation

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3. If you have NOT had prior accommodation for a test, what do you feel would aid you in taking the examination? If you cannot answer this question by yourself, have a professional who knows your disability and the type of accommodation you need help answer this question. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

Disability

Type of Test Accommodation

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Please sign and date the bottom of this form. Make sure the professional who helps you complete the form also signs and dates this form. **Be sure to submit a statement on letterhead stationery from a professional who is familiar with your disability.**

Signature (Applicant)

Date

Signature (Professional)

Date

Mail correspondence (no fees enclosed) to:
Advisory Board of Athletic Trainers
Texas Department of State Health Services
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347